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Page 1 of 1



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/050,756	01/16/2002	Margit Doerr	01/010 NUT

ProPat, L.L.C.
2912 Crosby Road
Charlotte, NC 28211-2815



CONFIRMATION NO. 7841
FORMALITIES LETTER



OC000000007455095

Date Mailed: 02/11/2002

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 130.

*A copy of this notice **MUST** be returned with the reply.*

T. Peters
Customer Service Center
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

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100.00 TP



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Approved for use through 10/31/2002. OMB 0561-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/050,756/	
	Filing Date	Jan. 16, 2002	
	First Named Inventor	Margit Doerr	
	Group Art Unit	1761	
	Examiner Name	unknown	
Total Number of Pages in This Submission	14	Attorney Docket Number	01/010 NUT

ENCLOSURES <small>(check all that apply)</small>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Return Receipt post card Limited Recognition form		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Klaus Schweitzer, ProPat LLC
Signature	<i>K. Schweitzer</i>
Date	Feb. 26 2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>Feb 26 2002</u>			
Typed or printed name	Claire N. Wygand	Date	Feb 26 2002
Signature	<i>Claire N. Wygand</i>	Date	Feb 26 2002

Barton H. Hester Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/17 (11-01)
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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2002</h3> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.</p>		<p style="text-align: center; font-weight: bold; font-size: small;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>10/050,756</td></tr> <tr><td>Filing Date</td><td>January 16, 2002</td></tr> <tr><td>First Named Inventor</td><td>Margit Doerr</td></tr> <tr><td>Examiner Name</td><td></td></tr> <tr><td>Group Art Unit</td><td>1761</td></tr> <tr><td>Attorney Docket No.</td><td>01/010 NUT</td></tr> </table>		Application Number	10/050,756	Filing Date	January 16, 2002	First Named Inventor	Margit Doerr	Examiner Name		Group Art Unit	1761	Attorney Docket No.	01/010 NUT
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TOTAL AMOUNT OF PAYMENT</td> <td style="width: 50%;">(\$170.00)</td> </tr> </table>		TOTAL AMOUNT OF PAYMENT	(\$170.00)										
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<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p> <input type="checkbox"/> Deposit Account: </p> <p> Deposit Account Number: Deposit Account Name: </p> <p> The Commissioner is authorized to: (check all that apply) </p> <p> <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p> <p style="text-align: center; font-weight: bold; font-size: small;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$)</td> <td></td> </tr> </tbody> </table> <p>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</p> <p> Total Claims: - 20** = X = Independent Claims: - 3** = X = Multiple Dependent: = </p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$)</td> <td></td> </tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	101	740	201	370	Utility filing fee		106	330	206	165	Design filing fee		107	510	207	255	Plant filing fee		108	740	208	370	Reissue filing fee		114	160	214	80	Provisional filing fee		SUBTOTAL (1)				(\$)		Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim, if not paid		109	84	209	42	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)				(\$)		<p>3. 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late filing fee or oath	130.00	127	50	227	25	Surcharge - late provisional filing fee or cover sheet		139	130	139	130	Non-English specification		147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination		112	920*	112	920*	Requesting publication of SIR prior to Examiner action		113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		115	110	215	55	Extension for reply within first month		116	400	216	200	Extension for reply within second month		117	920	217	460	Extension for reply within third month		118	1,440	218	720	Extension for reply within fourth month		128	1,960	228	980	Extension for reply within fifth month		119	320	219	160	Notice of Appeal		120	320	220	160	Filing a brief in support of an appeal		121	280	221	140	Request for oral hearing		138	1,510	138	1,510	Petition to institute a public use proceeding		140	110	240	55	Petition to revive - unavoidable		141	1,280	241	640	Petition to revive - unintentional		142	1,280	242	640	Utility issue fee (or reissue)		143	460	243	230	Design issue fee		144	620	244	310	Plant issue fee		122	130	122	130	Petitions to the Commissioner		123	50	123	50	Processing fee under 37 CFR 1.17(q)		126	180	126	180	Submission of Information Disclosure Stmt		581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00	146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))		149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))		179	740	279	370	Request for Continued Examination (RCE)		169	900	169	900	Request for expedited examination of a design application		SUBTOTAL (3)				(\$)	170.00
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<p>SUBMITTED BY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name (Print/Type)</td> <td style="width: 20%;">Klaus Schweitzer</td> <td style="width: 10%;">Registration No. (Attorney/Agent)</td> <td style="width: 10%;">Lim. Recog</td> <td style="width: 10%;">Telephone</td> <td style="width: 10%;">704 365-4881</td> </tr> <tr> <td>Signature</td> <td colspan="2" style="text-align: center;"> </td> <td>Date</td> <td colspan="2" style="text-align: center;">7/16/02</td> </tr> </table>		Name (Print/Type)	Klaus Schweitzer	Registration No. (Attorney/Agent)	Lim. Recog	Telephone	704 365-4881	Signature			Date	7/16/02		<p style="text-align: center; font-weight: bold; font-size: small;">Complete (if applicable)</p>	
Name (Print/Type)	Klaus Schweitzer	Registration No. (Attorney/Agent)	Lim. Recog	Telephone	704 365-4881										
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